

STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH and
OFFICE OF CHILD AND FAMILY SERVICES

RFP# 201506114

CRISIS MOBILE RESOLUTION AND STABILIZATION UNIT
SERVICES

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From the time this RFP is issued until award notification is made, all contact with the State regarding this RFP must be made through the aforementioned RFP Coordinator. No other person / State employee is empowered to make binding statements regarding this RFP. Violation of this provision may lead to disqualification from the bidding process, at the State's discretion.

Bidders' Conference: August 28, 2015 at 11:00 a.m.-12:00 p.m.
Legislative Committee Room #209
Burton Cross Building 111 Sewall Street, 2nd Floor
9 State House Station, Augusta ME 04333-0009

Deadline for Submitted Questions: September 4, 2015, 5:00 p.m. local time

Letter of Intent Due: September 28, 2015, not later than 2:00 p.m. local time

Proposals Due: October 29, 2015, not later than 2:00 p.m. local time

Submit to:

Division of Purchases
Burton M. Cross Building, 111 Sewall Street, 4th Floor
9 State House Station, Augusta ME 04333-0009

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Public Notice

**State of Maine
Department of Health and Human Services
Public Notice for RFP# 201506114
CRISIS MOBILE RESOLUTION AND STABILIZATION UNIT SERVICES**

The State of Maine Department of Health and Human Services (Department) and the following divisions of the Department: the Office of Substance Abuse and Mental Health Services (SAMHS) and the Office of Child and Family Services (OCFS) have a requirement to provide Statewide Crisis Mobile Resolution and Stabilization Unit Services. In accordance with State procurement practices, the Department is hereby announcing the publication of a Request for Proposals (RFP) # 201506114 for the purchase of the aforementioned services.

A copy of the RFP can be obtained by registering and downloading at the following website: <http://www.maine.gov/dhhs/rfp/index.shtml> or by contacting the Department's RFP Coordinator for this project, Jaime C. Schorr. The RFP Coordinator can be reached at the following email address: Jaime.C.Schorr@maine.gov or mailing address: 221 State Street, Augusta, ME 04333. The Department encourages all interested vendors to obtain a copy of the RFP and submit a competitive proposal.

A Bidders' Conference for will be held on: August 28, 2015 at 11:00 a.m.-12:00 p.m.; Legislative Committee Room #209; Burton Cross Building 111 Sewall Street, 2nd Floor; 9 State House Station, Augusta ME 04333-0009.

A Letter of Intent to bid shall be due on: September 28, 2015, not later than 2:00 p.m. local time

Proposals must be submitted to the State of Maine Division of Purchases, located at the Burton M. Cross Office Building, 111 Sewall Street, 4th Floor, 9 State House Station, Augusta, Maine, 04333-0009. Proposals must be submitted by 2:00 pm, local time, on October 29, 2015, when they will be opened at the Division of Purchases' aforementioned address. Proposals not received at the Division of Purchases' aforementioned address by the aforementioned deadline will not be considered for contract award.

State of Maine - Department of Health and Human Services
RFP# 201506114
CRISIS MOBILE RESOLUTION AND STABILIZATION UNIT SERVICES

PART I INTRODUCTION

A. Purpose

The State of Maine Department of Health and Human Services (Department) and the following divisions of the Department: the Office of Substance Abuse and Mental Health Services (SAMHS) and the Office of Child and Family Services (OCFS) are seeking proposals to provide Crisis Mobile Resolution and Stabilization Unit Services as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the Provider(s) will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder(s).

B. Background

The Department promotes safe, healthy and independent lives for all, while ensuring efficient and effective use of resources for Maine's most vulnerable residents. The needs of residents, patients and clients as individuals are central to developing and maintaining a comprehensive community mental health system that addresses the needs of adults, children, families and communities throughout Maine.

The Department's Crisis Intervention System (System) is a component of the comprehensive behavioral health service delivery system and represents a continuum of activities that provide a coordinated, integrated and multidisciplinary approach to the assessment, intervention and stabilization of persons experiencing behavioral health crises or an acute emotional disturbance. Crises are often recurrent and significant resulting from a number of factors including mental health, and individuals experiencing crisis may need response from professionals and/or non-professionals.

Services are immediate and provided, upon request, twenty-four hours a day, seven days a week, and three hundred sixty five days a year (24/7/365) to all persons experiencing a serious problem of disturbed thought, behavior, mood or social relationships. The goal of the Crisis Intervention System is to provide the most effective service at locations -with the least restrictive means to stabilize the crisis, ensure the safety of the individual or society and achieve outcomes consistent with an Individualized Support Plan or other mental health treatment goals of the person in crisis. All components of screening, assessment, evaluation, intervention, disposition and referral commonly considered appropriate for the provision of emergency and crisis intervention are included in the Crisis Intervention System.

C. Maine's Current Crisis Intervention System

Maine's Crisis Intervention System includes the following crisis response services: crisis mobile resolution (Mobile), crisis stabilization unit short-term residential services (CSU), telephone consultation including support and referral, assessment, and short-term solution focused counseling.

In 2014, there were approximately 173,000 calls received by multiple contracted providers within the Crisis Intervention System by individuals requesting telephone consultation. Approximately 20,904 calls were referred to Mobile for additional assessment, intervention and stabilization of the emotional disturbance. The CSU's are provided as a higher level of care to focus on assessment, treatment, stabilization and preparation to return to the community. In 2014, there were eleven facilities for adults and six facilities providing short term residential treatment to children.

A separate Request for Proposals is being released for Statewide Crisis Telephone Response. Please check <http://www.maine.gov/dhhs/rfp/> for further information.

D. Crisis Mobile Resolution (Mobile)

Crisis Mobile Resolution Services (Mobile) are the next step in the continuum of care activities if the crisis or acute emotional disturbance cannot be resolved during the primary communication to the Statewide Telephone Response. Mobile shall promote improvement and stabilization during an immediate, on-scene response to individuals experiencing an acute emotional disturbance who are requesting assistance.

Mobile services shall be provided upon referral by the Statewide Telephone Response and request of the adult, child/youth or family member by a Mobile Crisis Team located within a close geographic proximity to the adult or child. The Mobile Crisis Team shall consist of qualified Mental Health Rehabilitation Technicians-Crisis Service Providers and trained Peer Support Specialists (Peers). Peers shall demonstrate a commitment to recovery and growth by willing to challenge not only themselves, but also others. The adult or child experiencing a Crisis will receive support from Peers to facilitate development of connections and relationships in a natural community including local self-help, peer support, and natural activities.

Mobile shall respond to the location of the adult or child and provide the appropriate level of care in the least restrictive setting. On-scene could include the home, shelter, school, Health Care Home, office setting or a hospital emergency department. The hospital emergency department (ED) is to be considered a last resort for providing Mobile services, unless there is clinical or medically necessary just cause to support ED services.

On-scene Mobile services shall include an assessment of the adult or child, stabilization, referral to the next appropriate level of care, and follow-up services, necessary. Peers specifically support the resolution of the Crisis and assist to view the situation as an opportunity for growth, change and transformation.

E. Crisis Stabilization Unit Services (CSU)

Adults and children experiencing an acute emotional disturbance needing further intensive clinical treatment can be referred to a Crisis Stabilization Unit (CSU). A CSU will provide observation, supervision and stabilization in a short-term residential setting. This service will reduce the cycle of repeated utilization of more restrictive care including emergency departments, psychiatric hospitals, residential treatment and incarceration facilities.

The goal of the CSU is to treat the adult or child to avoid an intensive psychiatric hospitalization or to provide assistance to reintegrating to the community from a hospitalization (Step-Down) for individuals who may need this assistance. Services provided by the CSU focus on assessment, treatment, stabilization, and preparation for the adult or child to return to the community.

Currently, there are eleven (11) CSU's located statewide providing services to adults and six (6) CSU's for children.

F. Other Services

Psychiatric Consultation

A goal of the Crisis Intervention System is to provide services in a seamless, effective and efficient manner. A key component of that goal is access by Mobile and CSU's to consultation by an independently licensed clinician or psychiatrist (Consultation). The consultation will provide support to Mobile or CSU's to determine the most appropriate level of care for the adult or child experiencing a crisis and assist in streamlining the admission process to a CSU or inpatient psychiatric hospital. For Mobile Services, the

Consultation can alleviate avoidable or unnecessary delays in locating the most appropriate level of care for the adult or child.

The funding for the contracts that result from this RFP is to be the Payor of Last Resort and applies to contracted services resulting from the RFP received by adults and/or children that are not reimbursable by MaineCare.

G. General Provisions

1. Issuance of this RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to this RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
2. All proposals should adhere to the instructions and format requirements outlined in this RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the "Proposal Submission Requirements and Evaluation" section of this RFP.
3. Bidders shall take careful note that in evaluating a proposal submitted in response to this RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder's experience and capabilities. The proposal shall be signed by a person authorized to legally bind the Bidder and shall contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
4. The RFP and the selected Bidder's proposal, including all appendices or attachments, shall be the basis for the final contract, as determined by the Department.
5. Following announcement of an award decision, all submissions in response to this RFP will be considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) (1 M.R.S. §§ 401 et seq.).
6. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to this RFP.
7. The State of Maine Division of Purchases reserves the right to authorize other Departments to use the contract(s) resulting from this RFP, if it is deemed to be beneficial for the State to do so.
8. All applicable laws, whether or not herein contained, shall be included by this reference. It shall be Proposer's/Vendor's responsibility to determine the applicability and requirements of any such laws and to abide by them.

H. Eligibility to Submit Bids

Public agencies, private for-profit companies and non-profit companies and institutions are invited to submit bids in response to this Request for Proposals. All Bidders must provide Mobile, CSU and Psychiatric Consultation services. Bidders must have, or demonstrate the ability to acquire, a mental health license from the Maine Department of Health and Human Services-Division of Licensing and Regulatory Services. If subcontractors are to be used, all subcontractors must also have, or demonstrate the ability to acquire, a mental health license from the Maine Department of Health and Human Services-Division of Licensing and Regulatory Services.

<http://www.maine.gov/dhhs/dlrs/Licensing/mental-health/index.html>

I. Contract Term

The Department is seeking cost-efficient proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. Please note that the dates below are estimated and may

be adjusted as necessary in order to comply with all procedural requirements associated with this RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for two (2) renewal periods as identified below, subject to continued availability of funding and satisfactory performance.

The term of the anticipated contract, resulting from this RFP, is defined as follows:

Period	Start Date	End Date
Initial Period of Performance	January 1, 2016	December 31, 2016
Renewal Period #1	January 1, 2017	December 31, 2018
Renewal Period #2	January 1, 2019	December 31, 2019

J. Number of Awards

The Department anticipates making multiple awards as a result of this RFP process. Awards will be made based on the Department's need in the eight (8) DHHS Health Districts as identified in Appendix D and below. Successful Bidders can provide services in one or multiple districts as proposed and approved by the Department.

Bidders **must** submit a separate proposal for **each** district where services are being proposed.

DISTRICT	COUNTIES
York - District 1	York
Cumberland - District 2	Cumberland County
Western - District 3	Androscoggin
	Franklin
	Oxford
Midcoast - District 4	Waldo
	Lincoln
	Knox
	Sagadahoc
Central - District 5	Somerset
	Kennebec
Penquis - District 6	Penobscot
	Piscataquis
Downeast - District 7	Washington
	Hancock
Aroostook - District 8	Aroostook

K. Definitions

The following terms shall have the meaning indicated below as referenced in this RFP:

1. Acute Emotional Disturbance (Crisis)

A disturbance affecting a person's ability to use effective coping skills and may threaten the safety of an individual or society.

2. APS Healthcare

A service that provides a Behavioral Health Utilization Management System for services currently purchased through the State Office of Maine Care Services and administered by the Department of Health and Human Services. The provider will use APS CareConnection to submit all residential authorization requests, client demographics, clinical assessment, and service delivery data.

(http://www.qualitycareforme.com/MaineProvider_APSCareConnection.htm)

3. Assessment

An integrated evaluation process used to evaluate the level of the risk to cause harm to self, others, property, and/or ability to care for self and shall be performed as a supportive dialogue with the person in crisis. As designated by the person in crisis, the assessment can include others including family members, community support worker, a Department Intensive Case Manager, treatment providers, and/or others.

4. Collateral Contacts

Contacts with other community based providers, family members, law enforcement agencies.

5. Crisis Action Plan (Plan)

An individualized plan designed and developed by a person receiving Crisis Intervention Services, with input from the Crisis Intervention System and community support to include immediate, actionable items to mitigate the current or future crisis. (see Appendix C)

6. Crisis Stabilization Unit (CSU)

Short-term residential stabilization unit

7. Department

The State of Maine Department of Health and Human Services

8. Face-to-Face Contact

In person interview with adult or child experiencing an acute emotional disturbance, preferably on-scene where the person is located (i.e. home, workplace, shelter, park or may be in the agency office or as a last resort or when, medically necessary, the emergency department).

9. Follow-up

A communication with the person requesting services from the Crisis Intervention System that focuses on the presenting crisis and any changes that have occurred for the person including ability to function and activities since the initial assessment.

10. OCFS

The State of Maine Department of Health and Human Services Office of Child and Family Services.

11. Grievance

A formal written complaint regarding a violation of rights occurring while receiving mental health services.

12. Intentional Warm Line

A toll-free telephone resource providing support during challenges and non-crisis situations where callers will receive an opportunity to connect with others, support, social connection, assistance with referrals to community resources, and recovery programs.

13. Licensed Clinician

An individual licensed or certified in the State of Maine or province in which he or she practices, practicing within the scope of that licensure or certification, and qualified to deliver treatment.

14. MaineCare

Maine Medicaid

15. MaineCare Benefits Manual (MCBM)

The State of Maine Department of Health and Human Services Chapter 101 (formerly Maine Medical Assistance Manual) (<http://www.maine.gov/sos/cec/rules/10/ch101.htm>)

16. Mental Health Rehabilitation Technician-Crisis Service Provider (MHRT-CSP)

An individual certified to provide Crisis Resolution Services to adults and children in Maine. (<http://muskie.usm.maine.edu/cfl/MHRTCSPOverview.html>)

17. Person (adult or child) in Crisis

An adult or child experiencing an acute emotional disturbance, disturbed thought, behavior or mood that may lead to an emotional disturbance and/or concern for safety of an individual or society.

18. Peer

A person who is receiving, or has received, services related to the diagnosis of a mental health and/or Substance Use Disorder that has seriously impacted his/her life and relationships for an extended period of time and is willing to self-identify on this basis with Peers and in the community. This term refers to someone who has experienced first-hand a mental health and/or Substance Use Disorder and is in Recovery.

19. Referral

Act of referring the person in crisis to: outpatient assessment/treatment, community support services, continued mental health work with community support worker, Department intensive case manager, other treatment providers, evaluation for hospitalization, and/or other appropriate resources.

20. SAMHS

The State of Maine Department of Health and Human Services Office of Substance Abuse and Mental Health Services.

21. SAMSHA

The Federal Substance Abuse and Mental Health Services Administration.

22. Stabilization

Decrease acute emotional disturbance and return to baseline.

23. Step-Down

A commonly used national term and practice within Crisis Services. The practice of moving an individual to a less restrictive level of care that is the most clinically appropriate as determined through a comprehensive assessment.

24. Strength-Based Plan

In a strengths-based approach, Providers partner with the individual in need of services in a manner which honors the unique strengths the individual possesses, building upon those existing strengths and solutions that the individual him/herself identifies. This approach validates that the individual's customs and traditions are respected and can be incorporated into planning for services which are natural and reflective of the individual's culture.

25. Triage

A classification process to determine the degree of urgency of treatment needed for the person in crisis and prioritize the most appropriate level of care based on the determination.

26. Unit

A billable increment totaling fifteen minutes.

27. Warm-Hand Off

An introduction and transfer of the person requesting crisis assistance to the next appropriate level of care through a multi-party telephone call. The introduction shall include a summary of the crisis situation by Telephone Response and clarified for accuracy and understanding by the receiver and/or the person in crisis.

PART II SCOPE OF SERVICES TO BE PROVIDED

A. General

The Department is seeking proposals for Crisis Mobile Resolution (Mobile) and Crisis Stabilization Units (CSU) to provide services as part of the State of Maine Crisis Intervention System (System). Mobile and CSU will provide services 24/7/365 in accordance with the MaineCare Provider Agreement, definitions and rules as specified in the MaineCare Benefits Manual, Chapter 101, Chapter 1 General Administrative Policies and Procedures and Chapters II & III, Section 65, Behavioral Health Services:

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

Each Bidder must demonstrate how the following will be provided and/or incorporated into Mobile Response and CSU's:

1. SAMHSA's "Core Elements in Responding to a Mental Health Crisis" (see hyperlink: [*Practice Guidelines: Core Elements in Responding to Mental Health Crises*](#));
2. Focus on the person(s) in crisis comprehensively to provide services in the least restrictive, most effective manner; and
3. Develop a Strength-Based Plan that focuses on the stabilization of the person(s).

The Office of Aging and Developmental Disability Services (OADS) maintains a separate Crisis Intervention System to meet the needs of the aging and developmentally disabled. Mobile and CSU, as necessary, shall contact the OADS crisis team with referral information as requested by OADS.

B. Requirements

Crisis Mobile Response

1. General

Mobile shall provide 24/7/365 immediate, on-scene, face-to-face interventions upon referral by the Statewide Telephone Response or upon walk-in by an adult or child to the Mobile business office. All services provided by Mobile shall progress the stabilization of the acute emotional disturbance of the adult or child to ensure the safety of the individual and/or community. Mobile shall respond to the location of the adult or child and provide the appropriate level of care in the least restrictive setting. On-scene could include the home, shelter, school, Health Care Home, office setting or a hospital emergency department. The hospital emergency department (ED) is to be considered a last resort for providing Mobile services, unless there is clinical or medically necessary just cause to support ED services.

Mobile services must be provided 24/7/365, but the Mobile business office location must maintain only standard business operating hours at the discretion of the Bidder.

2. Provide Mobile Crisis Intervention Services

- a. Mobile shall respond on-scene with a minimum of one Mental Health Rehabilitation Technician-Crisis Service Provider (MHRT-CSP), and may include a certified Peer. The location of response shall be at the choice of the adult or child experiencing the Crisis, unless there is a documented safety reason preventing Mobile from responding at the requested location.
- b. A problem solving intervention model (for example: Farberow, Heiling & Litman, 1968) protocol shall be developed and implemented that includes:
 - i. Establishing a rapport with the person in crisis or person requesting assistance;

- ii. Defining the crisis including assessing the risk of suicide and/or danger to others by asking about intent and planning (no standardized assessment required for this service);
 - iii. Exploring affect including reducing anxiety and other affects that block the ability to problem solve;
 - iv. Exploring the coping skills of the person in crisis; and
 - v. Developing alternatives for addressing the crisis.
- c. The following services shall be provided by Mobile:
 - i. Initial Assessment: Evaluate the risk to cause harm for the person in crisis including harm to self, others, property, and/or ability to care for self. In the event an individual is determined to be suicidal and/or a danger to others, immediate interventions shall be provided including referral to first responders (e.g. – police, ambulance, etc.) and/or other immediate response as appropriate. Assessments should be approached as a supportive dialogue with the adult or child, and should involve others as applicable, including community support workers, case managers, residential providers, family members, and/or other treatment providers.
 - ii. Comprehensive Assessment/Interview: A comprehensive assessment/interview shall be performed which shall address each of the following:
 - a) Demographic and diagnostic information;
 - b) Payor information to allow for appropriate billing to Medicaid, Medicare, Private Insurance, and other third party payors;
 - c) Risk of harm to self and others (including current and history of suicidal/homicidal impulses, thoughts and behaviors, trauma history, risk of victimization, and/or abuse or neglect, physically and/or sexually aggressive impulses or behaviors; and ability for self- care and use if environment for safety);
 - d) Functional status (including self-care/hygiene; ability to maintain social/interpersonal relationships; changes/disturbances in biologic functioning such as sleep, eating, activity level, etc.; and school and/or work performance);
 - e) Evidence of co-occurring medical, substance abuse, developmental and psychiatric conditions that may have a potential impact on the course and/or treatment of the presenting condition(s);
 - f) Environmental stressors (including transitions and losses; current living situation/ home environment, serious illness and /or injury of client or relative; exposure to substance abuse and its effects; danger or threat in home or community, etc.);
 - g) Environmental supports (including ability to take advantage of community and professional resources, social and emotional support from friends or relatives, etc.);
 - h) Current and past experience with treatment and services (including response to treatment, ability to manage recovery, ability to engage in the treatment process, history of psychiatric hospitalization; history if involvement with crisis services, resiliency following setbacks, etc.).
 - i) Pertinent medical history including medications and/or prescriptions, and current use of medications and prescriptions; and
 - j) Medication issues. When a crisis assessment reveals medication issues that need to be addressed, the MHRT-CSP will request a Psychiatric Consultation. Mobile will attempt to advise the person’s Community Service Worker and current treatment provider(s), if any, about relevant medication issues.
 - iii. Problem Solving: Provide support interventions and problem solving to assist the person to remain in the community environment.
 - iv. Action/Safety Plan: Develop a Crisis plan or review and refine existing Crisis plan (as

applicable) for the person in crisis that includes immediate action steps to minimize the crisis and provide support to cope or manage the crisis.

- v. Referral: Refer the requesting person to the next most appropriate level of care including, but not limited to: a.) emergency first responders, b.) Crisis Stabilization Unit, c.) hospital Emergency Department, or d.) community based service providers.
- vi. Ongoing Support: Provide ongoing support and back-up until the adult or child is received by the next most appropriate level of care.
- vii. Resolution: Stabilize the person in crisis and/or accomplish the appropriate crisis intervention whereby the person in crisis can identify the crisis has been resolved.
- viii. Provide a written outcome to the adult or child [or guardian] upon completion of the on-scene encounter. A written outcome shall be kept on record at the Mobile office location and shall include recommendations from Mobile to the adult or child including:
 - a) Ongoing Peers support;
 - b) Referral to outpatient assessment and treatment, community support systems, Health Home, Community Service Worker, other treatment providers, CSU, psychiatric inpatient facility or other resources;
 - c) Support and involvement by family members, and other natural supports; and
 - d) A follow up plan, including information about contacting the Crisis Intervention System and/or other providers and resources.
- ix. Resources: Provide information regarding Crisis Intervention Services and resources available in the community sufficient to connect the adult or child with the most appropriate and accessible resources.
- d. If there is an established Individual Service Plan, advanced directive or other established treatment plan, Mobile shall contact the treatment provider identified for additional information to formulate an outcome recommendation. The adult or child experiencing the Crisis must provide consent to contact the treatment provider.
- e. Mobile shall perform follow-up communication with the adult or child within three (3) calendar days of the on-scene, face-to-face contact to verify the connection to Crisis Intervention Services, as needed.

3. Peer Support

- a. When appropriate, as determined by Mobile, Peers shall respond to the adult or child in Crisis on-scene with at least one MHRT-CSP. Peers shall be certified Intentional Peer Support Specialists or Family Peer Support Specialists.
- b. Peers are identified as individuals with a history as a consumer of mental health services and a history of recovery work.
- c. All Intentional Peer Support Specialists must have successfully completed support and recovery training, including the Department's Intentional Peer Support Specialist Training: http://www.maine.gov/dhhs/samhs/mentalhealth/wellness/intentional_peer.shtml
- d. All Family Peer Support Specialists must fulfil all competencies required by the National Federation of Families: <http://www.ffcmh.org/certification>

4. Reporting

The successful Bidder shall submit monthly reports for the key service elements specified in the Microsoft Excel workbook located at: <http://www.maine.gov/dhhs/samhs/mentalhealth/forms.shtml> including programmatic narrative of successes, challenges, barriers, and solutions encountered during service delivery.

The monthly report shall be submitted in accordance with the Department approved format as developed with the Department and the successful Bidder.

The successful Bidder shall submit a quarterly fee-for service fiscal report which can be found at: <http://www.maine.gov/dhhs/contracts/contract-2016/index.html>.

Crisis Stabilization Units

1. General

The CSU is a supervised and highly supportive short-term residential setting for adults and/or children experiencing an acute emotional disturbance. Services in the CSU shall be provided 24/7/365 to avoid intensive psychiatric hospitalization. An adult or child stepping-down from a psychiatric hospital can also utilize the CSU, upon referral, to reintegrate into the community if all other community based alternatives have been exhausted. The focus of the services provided within the CSU shall include: assessment(s), treatment, stabilization, and preparation to return to the community.

An adult or child shall be admitted into the CSU within a reasonable timeframe. All Bidders should identify policies and procedures for admitting including: determining minimum qualifications, timeframe for admission, and alternative plan if admission requirements are not met. CSU Services may be provided for no more than seven (7) consecutive days unless the Department or an authorized agent of the Department previously authorized an extension beyond the seven days. The extension must be medically necessary as defined in the MaineCare Benefits Manual.

2. Establish and Maintain a Residential Crisis Stabilization Unit

- a. Establish and maintain a residential setting with a minimum of two (2) beds.
- b. The CSU shall provide either adult OR child services in one physical location.
- c. Provide room and board for adults and/or children including adequate meals, snacks and/or beverages to all adults or children receiving services in the CSU.

3. Provide Crisis Stabilization Unit Services

- a. The CSU will provide services with the goal of stabilizing the adult or child by developing of treatment plan, developing skills to cope with the crisis, supervise prescribed medication and involve family and/or friends to assist with the stabilization.
- b. The following services shall be provided by CSU:
 - i. Initial Assessment: Evaluate the risk to cause harm for the person in crisis including harm to self, others, property, and/or ability to care for self. In the event an individual is determined to be suicidal and/or a danger to others, immediate interventions shall be provided including referral to first responders (e.g. – police, ambulance, etc.) and/or other immediate response as appropriate. Assessments should be approached as a supportive dialogue with the adult or child, and should involve others as applicable, including community support workers, case managers, residential providers, family members, and/or other treatment providers.
 - ii. Comprehensive Assessment/Interview: A comprehensive assessment/interview shall be performed which shall address each of the following:
 - a) Demographic and diagnostic information;
 - b) Payor information to allow for appropriate billing to Medicaid, Medicare, Private

- Insurance, and other third party payors;
 - c) Risk of harm to self and others (including current and history of suicidal/homicidal impulses, thoughts and behaviors, trauma history, risk of victimization, and/or abuse or neglect, physically and/or sexually aggressive impulses or behaviors; and ability for self-care and use of environment for safety);
 - d) Functional status (including self-care/hygiene; ability to maintain social/interpersonal relationships; changes/disturbances in biologic functioning such as sleep, eating, activity level, etc.; and school and/or work performance);
 - e) Evidence of co-occurring medical, substance abuse, developmental and psychiatric conditions that may have a potential impact on the course and/or treatment of the presenting condition(s);
 - f) Environmental stressors (including transitions and losses; current living situation/home environment, serious illness and /or injury of client or relative; exposure to substance abuse and its effects; danger or threat in home or community, etc.);
 - g) Environmental supports (including ability to take advantage of community and professional resources, social and emotional support from friends or relatives, etc.);
 - h) Current and past experience with treatment and services (including response to treatment, ability to manage recovery, ability to engage in the treatment process, history of psychiatric hospitalization; history of involvement with crisis services, resiliency following setbacks, etc.).
 - i) Pertinent medical history including medications and/or prescriptions, and current use of medications and prescriptions, and medication issues. When a crisis assessment reveals medication issues that need to be addressed, the MHRT (at the appropriate level) will request a Psychiatric Consultation.
- iii.** Problem Solving: Provide support interventions and problem solving with the goal of assisting the person to remain in a community environment.
 - iv.** Action/Safety Plan: Develop a Crisis Plan (as applicable) for the person in crisis that includes immediate action steps to minimize the crisis and provide support to cope or manage the crisis. The plan should also include steps to restore the adult or child to a level of functioning that requires a less restrictive level of care.
 - v.** Referral: Refer the requesting person to the next most appropriate level of care including, but not limited to: a.) emergency first responders, b.) hospital Emergency Department, or c.) community based service providers.
 - vi.** Ongoing Support: Provide ongoing support and back-up until discharged
 - vii.** Resolution: Stabilize the person in crisis and refer to appropriate community based provider.
 - viii.** Provide a written discharge plan to the adult or child [or guardian] upon recommendation for discharge from the CSU. A discharge plan shall be kept on record at the CSU office location and shall include recommendations from CSU to the adult or child including:
 - a) Ongoing Peer support;
 - b) Referral to outpatient assessment and treatment, community support systems, Health Home, Community Service Worker, other treatment providers, or other resources;
 - c) Support and involvement by family members, and other natural supports.
 - d) A follow up plan, including information about contacting the Crisis Intervention System and/or other providers and resources.
 - ix.** Resources: Provide information to the adult or child [or guardian] in Crisis, and family members, when appropriate, regarding Crisis Intervention System Services and resources available in the community, to include, but not limited to:

- a) Resources services in the community;
- b) Community based providers that would benefit the individual based on his/her needs as identified in the individualized service/treatment plan.
- c) Information may be provided through discussion, sharing of pamphlets, written resources, and written discharge plan during ongoing discussions throughout the individual's stay in CSU, and particularly upon discharge.
- d) If there is an established Individual Service Plan, advanced directive or other established treatment plan, CSU shall contact the treatment provider identified for additional information to formulate an outcome recommendation. The adult or child experiencing the Crisis must provide consent to contact the treatment provider.

4. Staffing for CSU's

- a. Staffing for the CSU must include 24/7/365 supervision.
- b. At a minimum, one MHRT must be staffed for every two beds during the day and one MHRT for every three beds at night.
- c. One licensed clinician must be staffed and available for every five beds, regardless of adult or child services provided.

5. Peer Support

- a. Upon request by CSU, Peers shall respond to the adult or child at the CSU. Peers shall be certified Intentional Peer Support Specialists or Family Peer Support Specialists.
- b. Peers are identified as individuals with a history as a consumer of mental health services and a history of recovery work.
- c. All Intentional Peer Support Specialists must have successfully completed support and recovery training, including the Department's Intentional Peer Support Specialist Training: http://www.maine.gov/dhhs/samhs/mentalhealth/wellness/intentional_peer.shtml
- d. All Family Peer Support Specialists must fulfil all competencies required by the National Federation of Families: <http://www.ffcmh.org/certification>

6. Reporting

The successful Bidder shall submit monthly reports for the key service metrics, identified below in accordance with the specifications of the Department:

- a. Individual Client Data Collection Method of PBC Measure:
 - i. Client and Family Satisfaction Survey
 - ii. SAMHS Crisis Services Data Report (Excel) located at: <http://www.maine.gov/dhhs/samhs/mentalhealth/forms.shtml>
 - iii. A programmatic narrative of successes, challenges, barriers, and solutions encountered during service delivery.
- b. APS HealthCare Reports:

The monthly report shall be submitted in accordance with the Department approved format to be developed with the Department and the successful Bidder. The successful Bidder shall submit a quarterly fee-for-service fiscal report which can be found at: <http://www.maine.gov/dhhs/contracts/contract-2016/index.html>.

Psychiatric Consultation

1. General

Psychiatric Consultation Services shall provide 24/7/365 response to Mobile and/or CSU including Psychiatric Consultation (Consultation) by psychiatrists to facilitate efficient and effective decisions regarding the appropriate level of care for complex crisis situations.

2. Provide Psychiatric Consultation Services

- a. Provide 24/7/365 crisis oriented Consultation to Mobile and/or CSU's either in-person or telephonically.
- b. The Consultation shall include:
 - i. Level of care determinations/authorizations for CSU and/or inpatient hospital services;
 - ii. Provide referrals including the presentation to inpatient hospitals for the adult or child in crisis, as appropriate.
- c. Collect all information regarding the adult or child experiencing the Crisis to facilitate a referral to the next most appropriate level of care.

C. General Requirements Applicable To All Services Within This RFP

1. Staffing

- a. All staff providing Crisis Intervention Services as provided within this RFP must be certified as a Mental Health Rehabilitation Technician/Crisis Services Provider (MHRT/CSP). See <http://muskie.usm.maine.edu/cfl/MHRTCSPOverview.html> for further details.
- b. Supervisors/managers of MHRT/CSP's must be clinicians as defined in the MaineCare Member Benefits Manual 65.02-9: <http://www.maine.gov/sos/cec/rules/10/ch101.htm>

2. Payment and Performance Bonds

- a. For each contract period, the successful Bidders shall obtain and maintain a payment bond, issued by a surety company listed in the Federal Registry of Surety Companies and licensed to conduct business in the State of Maine, in an amount equal to ten percent (10%) of the estimated annual contract amount. The successful Bidder shall submit an executed payment bond to the satisfaction of the Department prior to, or at the time of, execution of the resulting Agreement and again at the time of any renewal. The successful Bidder shall not begin performance under the resulting Agreement until it secures the payment bond.
- b. In addition, for each contract period, the successful Bidders shall obtain a performance bond, issued by a surety company listed in the Federal Registry of Surety Companies and licensed to conduct business in the State of Maine, in an amount equal to ten percent (10%) of the estimated annual contract amount. The successful Bidders shall submit an executed performance bond to the satisfaction of the Department prior to, or at the time of, execution of the resulting Agreement and again at the time of any renewal. The successful Bidder shall not begin performance under the resulting Agreement until it secures the performance bond.

3. Operations Manual

- a. An operations manual (Manual) shall be developed and implemented detailing all policies and

procedures to be used to provide Crisis Intervention Services as detailed in this RFP. The Manual will be available, provided and agreed upon by the Department prior to the initial period of performance.

- b. The Manual will be considered a living document and alterations may be made as needed to successfully operate. All material changes must be approved by the Department prior to implementation. Additionally, the Department may require modifications to the Manual which must be incorporated within ten (10) business days of receipt.
- c. The Manual shall also be provided to all staff and incorporated into staff training.
- d. The table of contents of the manual, at a minimum, must be included in all proposals.

4. Implementation - Work Plan

Provide a realistic work plan for the implementation of the program through the first contract period. Display the work plan in a timeline chart. Concisely describe each program development and implementation task, the month it will be carried out and the person or position responsible for each task. If applicable, make note of all tasks to be delegated to subcontractors.

5. Quality Assurance

The successful Bidder must provide a detailed quality assurance plan indicating how it will ensure that every person requesting Crisis Intervention Services receives an MHRT/CSP who possesses and demonstrates sufficient knowledge and customer service skills. The plan shall detail how the successful Bidder will ensure data accuracy and privacy protection as required by HIPAA and demonstrate how any deficiencies in performance, both quantitative and qualitative, will be responded to. The plan shall detail methodologies by which agents of the Department may audit live calls.

6. Continuous Quality Improvement

The successful Bidder must maintain and implement a continuous quality improvement plan that utilizes Crisis Services data to improve operations and services provided within this RFP. The plan shall be developed in accordance with Department specifications and approved by the Department.

7. Other

- a. All policies and procedures, including the Manual, shall be made available and provided to the Department and all interested parties within a reasonable timeframe.
- b. The successful Bidder will be considered a mandated reporter as dictated by Maine law to report suspected abuse, neglect or exploitation of an adult if they believe the adult is incapacitated or dependent. Maine law also states that certain people must report to the Department if they know or have reasonable cause to suspect that a child has been or is likely to be abused or neglected. (See: <http://www.mainelegislature.org/legis/statutes/22/title22sec3477.html> and/or <http://www.mainelegislature.org/legis/statutes/22/title22sec4011-A.html>)
- c. The successful Bidder will comply with all confidential provisions and requirements set forth in this RFP and maintain all protected Health Information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
- d. All records must be kept for a minimum of five years.
- e. If a successful Bidder is also providing the Statewide Crisis Telephone Response services, no more than 25% of calls referred by the Statewide Crisis Telephone Response shall be self-referred unless approved by the Department.

D. Performance Based Contracting

The Department is committed to securing services that are the highest quality, delivered in an effective and efficient manner, and have clearly measurable outcomes.

State law requires that services contracted for by the Department of Health and Human Services be “performance-based.” The Maine State Legislature defines performance contracting as:

An agreement for the purchase of direct client services employing a client-centered, outcome-oriented process that is based on measurable performance indicators and desired outcomes and includes the regular assessment of the quality of services provided.

The intent is to focus on the improvement of outcomes (results) for the persons who use the services rather than outputs (levels of effort) by SAMHS or OCFS. The goals and measures the Department has developed for all Crisis Intervention Services that are the subject of this Request for Proposals (RFP) are identified below in each service section. Proposals will be evaluated for the degree of responsiveness in meeting these desired goals and outcomes.

Crisis Mobile Response

Goal: To provide immediate On-Scene Face-to-Face Mobile Response Services in the least restrictive setting to adults and children experiencing an acute emotional disturbance that allows for the following:

1. Receipt of assessment and stabilization services where they are (On-Scene); and
2. Connection to community based services.

Performance Standards:

1. Services are available 24/7/365.
2. Assessments will be provided in the least restrictive setting (home, school, office, shelter, etc.).
3. Emergency Departments should be used only as a last resort or if medically necessary for crisis intervention.
4. Mobile shall have Independently Licensed Clinicians available 24/7/365 to support the MHRT-CSP need for clinical consultation during their initial assessment/evaluation tasks.

Performance Measures:

1. Sixty percent (60%) or fewer of initial Face-to-Face crisis service encounters are completed in the Emergency Department per month.
2. Twenty five percent (25%) or fewer initial Face-to-Face crisis service encounters result in psychiatric hospitalization per month.
3. Fifty percent (50%) or greater initial Face-to-Face assessments with Individuals in Crisis are scheduled to have an appointment with appropriate community based service providers, as identified through Assessment, within three (3) days of assessment per month.
4. Fifteen percent (15%) or fewer of individuals using Mobile Crisis Services re-enter Mobile Crisis Services within ninety (90) days of resolution of the crisis event.

Crisis Stabilization Unit

Goal: To provide short term, highly supportive, supervised residential setting services to an Individual in Crisis who does not require psychiatric hospitalization or step-down from hospitalization to the community that allows for the following:

1. Individuals in Crisis to receive effective stabilization services in the least restrictive means; and
2. Individuals in Crisis to connect to community-based service providers.

Performance Standards:

1. Crisis Intervention Services are available 24/7/365
2. CSU Staff shall have Independently Licensed Clinicians available 24/7/365 to support the direct crisis staff need for clinical consultation during their initial assessment/evaluation tasks.
3. One hundred percent (100%) of Individuals who are discharged from a CSU monthly have a discharge plan that includes connections to community based resources at the time of discharge.

Performance Measures:

1. Eighty five percent (85%) or fewer of monthly encounters with CSU's have no psychiatric hospitalization thirty (30) days following the discharge from a CSU.

PART III KEY RFP EVENTS

A. Timeline of Key RFP Events

Event Name	Event Date and Time
Bidders' Conference	August 28, 2015 at 11:00 a.m.
Due Date for Receipt of Written Questions	September 4, 2015 at 5:00 p.m., local time
Due Date for Letter of Intent	September 28, 2015 at 5:00 p.m., local time
Due Date for Receipt of Proposals	October 29, 2015 at 2:00 p.m., local time
Estimated Contract Start Date (subject to change)	January 1, 2016

B. Bidders Conference

The Department will sponsor a Bidders' Conference concerning this RFP beginning at the date and time shown in the timeline above. The Bidders' Conference will be held on August 28, 2015 at 11:00 a.m.-12:00 p.m. at the Legislative Committee Room #209; Burton Cross Building 111 Sewall Street, 2nd Floor; 9 State House Station, Augusta ME 04333-0009.

The purpose of the Bidders' Conference is to answer and/or field questions, clarify for potential Bidders any aspect of the RFP requirements that may be necessary and provide supplemental information to assist potential Bidders in submitting responses to the RFP. Although attendance at the Bidders' Conference is not mandatory, it is strongly encouraged that interested Bidders attend.

C. Questions

1. General Instructions

- It is the responsibility of each Bidder to examine the entire RFP and to seek clarification in writing if the Bidder does not understand any information or instructions.
- Questions regarding the RFP must be submitted in writing and received by the RFP Coordinator listed on the cover page of this RFP document as soon as possible but no later than the date and time specified in the timeline above.
- Questions may be submitted by e-mail and include the RFP Number and Title in the subject line. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.
- Be sure to refer to the page number and paragraph within this RFP relevant to the question presented for clarification, if applicable.

- Summary of Questions and Answers:** Responses to all substantive and relevant questions will be compiled in writing and distributed to all registered, interested persons by e-mail no later than seven (7) calendar days prior to the proposal due date. Only those answers issued in writing by the RFP Coordinator will be considered binding. The Department reserves the right to answer or not answer any question received.

D. Letter of Intent to Bid

- Letter of Intent Due:** Bidders interested in submitting a proposal are required to submit a Letter of Intent to Bid. Letters of Intent must be submitted and received by the RFP Coordinator listed on the cover page of this RFP document as soon as possible, but no later than the date and time specified in the timeline specified in Part III.A.

PLEASE NOTE: Failure to submit a Letter of Intent to Bid in accordance with the specifications and timeline in this RFP will automatically result in disqualification from the bidding process. There are no

exceptions for postmarks. The Department will not accept proposals from Bidders unless they have submitted a Letter of Intent. Sending an item by either Certified or Return Receipt Requested may not validate receipt at the specified address by the stated deadline.

2. **Content:** The Letter of Intent should be no more than two (2) pages in length, on official business stationery and include the following:
 - a. RFP number, RFP title and specific service area;
 - b. Legal business name of the bidding organization;
 - c. Complete mailing address;
 - d. Chief Executive and Contact Person;
 - e. Telephone and email address for person(s) listed in d (above);
 - f. Brief description of Bidders experience and ability to perform work required;
 - g. Signature of a person authorized to enter into contractual agreements with the Department on behalf of the organization (i.e. a Chief Executive, as identified above).
3. **Submission:** Letters of Intent may be sent regular mail or e-mail. Bidders are responsible for allowing adequate time for delivery. The Department assumes no liability for assuring accurate/complete email transmission and receipt.

E. Submitting the Proposal

1. **Proposals Due:** Proposals must be received no later than October 29, 2015 2:00 p.m. local time, on the date listed in the timeline above, at which point they will be opened. Proposals received after the 2:00 p.m. deadline will be rejected without exception.
2. **Mailing/Delivery Instructions:** PLEASE NOTE: The proposals are not to be submitted to the RFP Coordinator at the requesting Department. The official delivery site is the State of Maine Division of Purchases (address shown below).
 - a. Only proposals received at the official delivery site prior to the stated deadline will be considered. Bidders submitting proposals are responsible for allowing adequate time for delivery. Proposals received after the 2:00 p.m. deadline will be rejected without exception. Postmarks do not count and fax or electronic mail transmissions of proposals are not permitted unless expressly stated in this RFP. Any method of hardcopy delivery is acceptable, such as US Mail, in-person delivery by Bidder, or use of private courier services.
 - b. The Bidder must send its proposal in a sealed package including **one (1) original and six (6) copies** of the complete proposal. Please clearly label the original. One electronic copy of the proposal must also be provided on CD or flash drive with the complete narrative and attachments in MS Word format. Any attachments that cannot be submitted in MS Word format may be submitted as Adobe (.pdf) files.
 - c. Address each package as follows (and be sure to include the Bidder's full business name and address as well as the RFP number and title):

Bidder Name/Return Address

Division of Purchases
Burton M. Cross Building, 4th Floor
111 Sewall Street
9 State House Station
Augusta ME 04333-0009

Re: RFP# 201506114

PART IV PROPOSAL SUBMISSION REQUIREMENTS

This section contains instructions for Bidders to use in preparing their proposals. The Bidder's proposal must follow the outline used below, including the numbering and section and sub-section headings as they appear here. Failure to use the outline specified in this section or to respond to all questions and instructions throughout this document may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department and its evaluation team for this RFP have sole discretion to determine whether a variance from the RFP specifications should result in either disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in this RFP will, at best, be considered minimally responsive. The Department seeks detailed yet succinct responses that demonstrate the Bidder's experience and ability to perform the requirements specified throughout this document.

A. Proposal Format

1. For clarity, the proposal should be typed or printed. Proposals should be single-spaced with 1" margins on white 8 1/2" x 11" paper using a font no smaller than 12 point Times New Roman or similar.
2. All pages should be numbered consecutively beginning with number 1 on the first page of the narrative (this does not include the cover page or table of contents pages) through to the end, including all forms and attachments. For clarity, the Bidder's name should appear on every page, including Attachments. Each Attachment must reference the section or subsection number to which it corresponds.
3. Bidders are asked to be brief and to respond to each question and instruction listed in the "Proposal Submission Requirements" section of this RFP. Number each response in the proposal to correspond to the relevant question or instruction of the RFP. The proposal should be limited to a maximum total of 40 pages. Pages provided beyond the aforementioned maximum amount will not be considered during evaluation.
4. The following proposal elements, if applicable/requested, will not be counted as part of the maximum total number of pages allowed for the proposal: proposal cover page, table of contents, financial forms, any required attachments, appendices, or forms provided by the Department in the RFP, organizational charts, job descriptions, or staff résumés.
5. The Bidder may not provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Any material exceeding the proposal limit will not be considered in rating the proposals and will not be returned. Bidders shall not include brochures or other promotional material with their proposals. Additional materials will not be considered part of the proposal and will not be evaluated.
6. Include any forms provided in the application package or reproduce those forms as closely as possible. All information should be presented in the same order and format as described in the RFP.
7. It is the responsibility of the Bidder to provide all information requested in the RFP package at the time of submission. Failure to provide information requested in this RFP may, at the discretion of the Department's evaluation review team, result in a lower rating for the incomplete sections and may result in the proposal being disqualified for consideration.
8. Bidders should complete and submit the proposal cover page provided in Appendix A of this RFP and provide it with the Bidder's proposal. The cover page must be the first page of the proposal package. It is important that the cover page show the specific information requested, including Bidder address(es) and other details listed. The proposal cover page shall be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

B. Appeal Deposit

Each Bidder of this RFP must provide a deposit in the amount of \$5,000.00 to offset expenses incurred by the State of Maine during the award process. This deposit must be payable to the "Treasurer of the State of Maine" in the form of a certified, cashier's or teller's check.

In the event the award process for this RFP involves a hearing of appeal, expenses will be assessed if the appeal request is found to be without merit, or the hearing of appeal results in a validation of the Department's award. Otherwise, deposits are refundable to all Bidders.

Bidders are to complete Appendix E and submit that form with the appeal deposit check in a sealed envelope clearly marked "Appeal Deposit" with their proposal.

For the purposes of this Section, failure of the State of Maine to award a contract as a result of this RFP does not constitute grounds for assessing expenses.

C. Proposal Contents

Section I Organization Qualifications and Experience

1. Overview of the Organization

- a. Present a detailed statement of qualifications and summary of relevant experience. If subcontractors are to be used, provide a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors' organizational capacity and qualifications.
- b. Attach a list of the current Board of Directors or other governing body whose membership represents the area served. Include full names, addresses, and identify the officers of the Board (i.e., Chair, Vice-Chair, Secretary, Treasurer, etc.).
- c. Attach a list of all current litigation in which the Bidder is named and a list of all closed cases in which Bidder paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome.

2. Organization Location and Licensure

- a. Address of the corporate headquarters. Also, describe the current or proposed location where services will be provided or from which the contract will be managed.
- b. Attach a copy of the Bidder's Articles of Incorporation. If legally incorporated in the State of Maine or other jurisdiction, attach a copy of your organization's attested Articles of Incorporation. Specifically, this would usually be Form MBCA-6 (For-Profits) or Form MNPCA-6 (Non-Profits) from the Secretary of State. Also acceptable for non-profits: a copy of authorization from the Federal Department of the Treasury, certifying Exemption under Section 501(c)(3) of the Internal Revenue Code. Public non-profit organizations may provide certification on appropriate agency letterhead, signed by a public official authorized to enter into contracts on behalf of the public entity. If applying for corporate status, attach a copy of your organization's application for incorporation, i.e., unattested copy of your organization's Articles of Incorporation.
- c. Attach documentation of all applicable Maine licensure requirements (or any specific credentials required).
- d. Attach a certificate of insurance on a standard Acord form (or the equivalent) evidencing the Bidder's general liability, professional liability and any other relevant liability insurance policies that might be associated with this contract.

- 3. Organizational Experience:** Briefly describe the history of the Bidder's organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. Include similar information for any subcontractors.

4. Description of Experience with Similar Projects

- a. Provide a description of five projects that occurred within the past five years which reflect experience and expertise needed in performing the functions described in the "Scope of Services"

portion of this RFP. For each of the five examples provided, a contact person from the client organization involved should be listed, along with that person's telephone number. Please note that contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Bidder.

- b. If the Bidder has not provided similar services, note this, and describe experience with projects that highlight the Bidder's general capabilities.

5. Key Personnel and Qualifications

- a. Attach a project organization chart indicating key staff for this Service including staff functions and reporting relationship to other elements of the Bidder's organization.
- b. The Bidder shall identify key positions with sufficient operational authority to act as direct contacts to the Department. At a minimum, the Bidder shall identify a project lead position. This position must be dedicated full time to the resulting Agreement and may not be a shared resource for at least the first six months of operation. The Bidder must also list which project staff will be transitional (if any) or permanent. Attach résumés and/or job descriptions consistent with the organization chart requested above.
- c. Attach a staffing plan which is to include information on the Bidder's plan for training employees, including initial training curriculum, as well as ongoing training. The Bidder should discuss any plans to cross train staff in multiple business areas.

6. Financial Stability

- a. The Bidder must demonstrate adequate financial resources for performance of the contract or the ability to obtain such resources. This includes demonstrating the Bidder's ability to obtain payment and performance bonds as required.
- b. Attach copies of the Bidder's audited financial statements for three most recent years, including, but not limited to (as applicable):
 - i. American Institute of Certified Accountants Statements on Auditing Standards (SAS) No. 70 *Service Organizations*) audit;
 - ii. Federal A-133 Single Audit; and
 - iii. Maine Uniform Accounting and Audit Practices for Community Agencies (MAAP) audit.

Section II Proposed Services

1. **Services to be Provided:** Discuss the Scope of Services referenced above in Part II of this RFP and what the Bidder will offer. Give particular attention to describing the methods and resources you will use and how you will accomplish the tasks involved. If subcontractors are involved, clearly identify the work each will perform.

Section III Cost Proposal

Bidders are not required to submit information related to cost. By submitting a proposal, Bidders agree to provide all services in accordance with the following rates established by the Department. The current proposed rates, identified below, are based on Burns and Associates, Inc. proposal to providers groups on March 13, 2015. Rates are subject to change by the Department. Changes are subject to public comment which was due by April 6, 2015 and final MaineCare rule making.

1. Crisis Mobile Resolution Services

Services:

- | | |
|----------------|--|
| One MHRT-CSP: | \$36.31 per quarter-hour (\$145.24 per hour) |
| Two MHRT-CSPs: | \$59.90 per quarter-hour (Cost per hour for first direct MHRT-CSP: \$145.22; Cost per hour for second MHRT-CSP [excludes overhead] \$94.39 per hour) |

One CSP and a Peer: \$43.57 per quarter-hour (Cost per hour for first direct MHRT-CSP \$145.22; and Cost for Peer [excludes overhead] \$29.04 per hour)
Travel: \$14.34 per quarter-hour (\$57.35 per hour)

Mobile Rate Requirements:

- a. Rate of Pay is fixed regardless of where services are provided (e.g. – at location of adult or child, emergency department or Mobile Office)
- b. Billing shall be limited to three hours (12 units) per day when services are provided in the Emergency Department
- c. Travel excludes time spent transporting adults and children in crisis. That should be billed at the Mobile rate above.
- d. Billing for Mobile will be limited to one initial face-to-face contact and three follow-up contacts (face-to-face or telephone) within a fifteen-day period.
- e. Collateral contacts, recordkeeping, and documentation are not billable.

2. Crisis Stabilization Unit Services

\$492.52 per filled bed day

Services: \$458.17 per filled bed day

Room and Board: \$34.35 per filled bed day

3. Peer Support Services

Services: \$10.08 per quarter-hour (\$40.33 per hour)

Section IV Economic Impact within the State of Maine

Using the form in Appendix B, the Bidder is required to describe the Bidder's recent and anticipated economic impact upon and within the State of Maine. The use of economic impact in making contract award decisions is required in accordance with Executive Order 2012-004, which states that certain service contracts "...advertised for competitive bid shall include scoring criteria evaluating the responding Bidder's economic impact on the Maine economy and State revenues."

Section V Required Proposal Attachments

The following documents must be attached to the back of each Bidder's proposal in the order as numbered below. The required documents will be reviewed and rated by the Department's evaluation team.

1. Statement of Qualifications
2. List of Governing Body
3. Current Litigation
4. Articles of Incorporation
5. Maine Licensure
6. Certificate of Insurance
7. Description of similar projects and contact information
8. Organization chart
9. Resumes and/or job descriptions
10. Staffing Plan
11. Financial documentation (Part IV.C. Section I.7)
12. Manual – Table of Contents

PART V PROPOSAL EVALUATION AND SELECTION

Evaluation of the submitted proposals shall be accomplished as follows:

A. Evaluation Process - General Information

1. An evaluation team, comprised of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP, and in accordance with the most advantageous cost and economic impact considerations (where applicable) for the State.
2. Officials responsible for making decisions on the selection of a contractor shall ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal best satisfies the criteria of the RFP at a reasonable/competitive cost.
3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders if needed to obtain clarification of information contained in the proposals received, and the Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations. Interviews/presentations are not required, and changes to proposals will not be permitted during any interview/presentation process. Therefore, Bidders should submit proposals that present their costs and other requested information as clearly and completely as possible.

B. Scoring Weights and Process

1. **Scoring Weights:** The score will be based on a 100 point scale and will measure the degree to which each proposal meets the following criteria.

Section I. Organization Qualifications and Experience (30 points)

Includes all elements addressed above in Part IV, Section I.

Section II. Specifications of Work to be Performed (35 points)

Includes all elements addressed above in Part IV, Section II.

Section III. Cost Proposal (25 points)

Section IV. Economic Impact within the State of Maine (10 points)

Includes all elements addressed above in Part IV, Section IV.

- a. Recent Economic Impact (5 points)
 - b. Projected Economic Impact (5 Points)
2. **Scoring Process:** The review team will use a consensus approach to evaluate the bids. Members of the review team will not score the proposals individually but instead will arrive at a consensus as to assignment of points on each category of each proposal. The contract award(s) will be made to the Bidder(s) receiving the highest number of evaluation points, based upon the proposals' satisfaction of the criteria established in the RFP. The Cost section will be scored according to a mathematical formula described below.
 3. **Scoring the Cost Proposal:** All Bidders shall be awarded the full twenty-five (25) points for this section. See Part IV, B., Section III.
 4. **Scoring the Economic Impact:** The Economic Impact for this RFP will be assigned a score according to a mathematical formula.

Recent Economic Impact: The highest recent economic impact will be awarded 5 points. Proposals with lower recent economic impact will be awarded proportionately fewer points calculated in comparison with the highest impact.

The Recent Economic Impact scoring formula is:

$$\left(\frac{\text{Recent Economic Impact proposal being scored}}{\text{Highest submitted recent Economic Impact proposal}} \right) \times 5 = \text{pro-rated score}$$

Projected Economic Impact*: The highest projected economic impact will be awarded 5 points. Proposals with lower projected economic impact will be awarded proportionately fewer points calculated in comparison with the highest projected economic impact.

The Projected Economic Impact scoring formula is:

$$\left(\frac{\text{Projected Economic Impact proposal being scored}}{\text{Highest submitted projected Economic Impact proposal}} \right) \times 5 = \text{pro-rated score}$$

Projected Economic Impact is to be based **solely on the resulting contract should the Bidder be awarded the contract for the District for which their proposal was submitted.*

Please note: If the State determines that the Bidder's recent and/or projected economic impact information is deemed to be substantially inaccurate, then the State may not award any points for economic impact to that Bidder for the applicable section(s).

- 5. Negotiations:** The Department reserves the right to negotiate with the successful Bidder to finalize a contract at the same rate or cost of service as presented in the selected proposal. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department's Request for Proposals to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with a selected respondent who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

C. Selection and Award

1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Purchases Review Committee.
2. Notification of contractor selection or non-selection will be made in writing by the Department.
3. Issuance of this RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
4. The Department reserves the right to reject any and all proposals or to make multiple awards.

D. Appeal of Contract Awards

Any person aggrieved by the award decision that results from this RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in 5 MRSA § 1825-E and 18-554 Code of Maine Rules, Chapter 120 (found here: <http://www.maine.gov/purchases/policies/120.shtml>). The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of contract award.

PART VI CONTRACT ADMINISTRATION AND CONDITIONS

A. Contract Document

1. The successful Bidder will be required to execute a contract in the form of a State of Maine Agreement to Purchase Services (BP54). A list of applicable Riders is as follows:

Rider A: Specification of Work to be Performed

Rider B: Method of Payment and Other Provisions

Rider C: Exceptions to Rider B

Rider D: Additional Requirements

Rider E: Program Requirements

Rider G: Identification of Country in Which Contracted Work Will Be Performed

The complete set of standard BP54 contract documents may be found on the Division of Purchases website at the following link: <http://www.maine.gov/purchases/info/forms/BP54.doc>

Other forms and contract documents commonly used by the State can be found on the Division of Purchases website at the following link: <http://www.maine.gov/purchases/info/forms.html>

2. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Purchases Review Committee. Contracts are not considered fully executed and valid until approved by the State Purchases Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, Chapter 110, § 3(B)(i):
<http://www.maine.gov/purchases/policies/110.shtml>

This provision means that a contract cannot be effective until at least 14 days after award notification.

3. The Department estimates having a contract in place by January 1, 2016. The State recognizes, however, that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Purchases Review Committee. Any appeals to the Department's award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date may need to be adjusted, if necessary, to comply with mandated requirements.
4. In providing services and performing under the contract, the successful Bidder shall act independently and not as an agent of the State of Maine.

B. Standard State Agreement Provisions

1. Agreement Administration
 - a. Following the award, an Agreement Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the successful Bidder in the finalization of the contract.
 - b. In the event that an acceptable contract cannot be negotiated with the highest ranked Bidder, the Department may withdraw its award and negotiate with the next-highest ranked Bidder, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

2. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from this RFP.

PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS

1. Appendix A - State of Maine Proposal Cover Page
2. Appendix B - Economic Impact
3. Appendix C - Sample Crisis Plan with Instructions
4. Appendix D - Maine DHHS Districts and DHHS Office Locations
5. Appendix E - Appeal Deposit Refund Form
6. <http://www.maine.gov/dhhs/rfp/>
7. http://www.qualitycareforme.com/MaineProvider_APSCareConnection.htm
8. <http://muskie.usm.maine.edu/cfl/MHRTCSPOverview.html>
9. <http://www.maine.gov/sos/cec/rules/10/ch101.htm>
10. <http://www.maine.gov/sos/cec/rules/10/ch101.htm>
11. <http://store.samhsa.gov/shin/content/SMA09-4427/SMA09-4427.pdf>
12. http://www.maine.gov/dhhs/samhs/mentalhealth/wellness/intentional_peer.shtml
13. <http://www.ffcmh.org/certification>
14. <http://www.maine.gov/dhhs/samhs/mentalhealth/forms.shtml>
15. <http://www.maine.gov/dhhs/contracts/contract-2016/index.html>.
16. <http://muskie.usm.maine.edu/cfl/MHRTCSPOverview.html>
17. <http://www.maine.gov/sos/cec/rules/10/ch101.htm>
18. <http://www.mainelegislature.org/legis/statutes/22/title22sec3477.html>
19. <http://www.mainelegislature.org/legis/statutes/22/title22sec4011-A.html>

PART VIII APPENDICES
Appendix A

State of Maine
Department of Health and Human Services
PROPOSAL COVER PAGE
RFP# 201506114

CRISIS MOBILE RESOLUTION AND STABILIZATION UNIT SERVICES

Bidder's Organization Name:		
Chief Executive - Name/Title:		
Tel:	Fax:	E-mail:
Headquarters Street Address:		
Headquarters City/State/Zip:		
<i>(provide information requested below if different from above)</i>		
Lead Point of Contact for Proposal - Name/Title:		
Tel:	Fax:	E-mail:
Street Address:		
City/State/Zip:		

- This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
- No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Bidder's proposal.
- No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal.
- The undersigned is authorized to enter into contractual obligations on behalf of the above-named organization.

Debarment, Performance, and Non-Collusion Certification

By signing this document I certify to the best of my knowledge and belief that the aforementioned organization, its principals, and any subcontractors named in this proposal:

- a. Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
- b. Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
 - i. fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
 - ii. violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
 - iii. are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
 - iv. have not within a three (3) year period preceding this proposal had one or more federal, state or local government transactions terminated for cause or default.*
- c. Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

Failure to provide this certification may result in the disqualification of the Bidder's proposal, at the discretion of the Department.

To the best of my knowledge all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.

Name:	Title:
Authorized Signature:	Date:

Appendix B

**State of Maine
Department of Health and Human Services
ECONOMIC IMPACT FORM
RFP# 201506114**

CRISIS MOBILE RESOLUTION AND STABILIZATION UNIT SERVICES

Instructions

In addition to all other information requested within this RFP, each Bidder should complete the tables below to quantify the Bidder's economic impact upon and within the State of Maine. The use of economic impact in making contract award decisions is outlined in Executive Order 2012-004, which states that certain contracts "...advertised for competitive bid shall include scoring criteria evaluating the responding Bidder's economic impact on the Maine economy and State revenues."

For the purposes of this RFP, the term "economic impact" shall be defined as the "Economic Impact Factors" listed in the table below. To complete the "economic impact" section of the Bidder's response, the Bidder shall provide the information requested, describing the Bidder's recent economic impact with the State of Maine and, separately, the projected economic impact with the State of Maine that would **specifically result from the awarded contract only**, should the Bidder be selected.

Recent Economic Impact (past 12-month period)

Economic Impact Factors	Factors Expressed in Dollars
Salaries paid to Maine residents in past 12-month period	\$
Payments made to Maine-based subcontractors in past 12-month period	\$
Payments of State and local taxes in Maine within past 12-month period	\$
Payments of State licensing fees in Maine within past 12-month period	\$
Total Recent Economic Impact	\$

Projected Economic Impact (future 12-month period following contract award)

Economic Impact Factors	Factors Expressed in Dollars
Salaries to be paid to Maine residents in future 12-month period	\$
Payments to be made to Maine-based subcontractors in future 12-month period	\$
Payments of State and local taxes in Maine to be made in future 12-month period	\$
Payments of State licensing fees in Maine to be made in future 12-month period	\$
Total Projected Economic Impact <u>only</u> from awarded contract, if selected	\$

For the tables above, the following definitions are provided:

- “Maine resident”: any person whose primary residence is located within the State of Maine.
- “Maine-based”: any organization whose primary operations are located within the State of Maine.
- “Past 12-month period”: the past 12-months, starting on the date that the RFP was publicly released.
- “Future 12-month period”: a projection for the future 12-month period, starting upon the “Estimated Contract Start Date” (PART III, A. of RFP).

Certification Statement

To the best of my knowledge, all information provided in the State of Maine Economic Impact Form is complete and accurate at the time of submission and I confirm that I am authorized to make such a determination on behalf of my organization.

Name:	Title:
Authorized Signature:	Date:

Appendix C

**State of Maine
Department of Health and Human Services
CRISIS PLAN WITH INSTRUCTIONS
RFP# 201506114**

CRISIS MOBILE RESOLUTION AND STABILIZATION UNIT SERVICES

The purpose of this document is for you to create a plan you and or your providers can access when you are having a hard time. The best time to work on this document is when you are doing well. While those may not be the times you want to think about crisis, it can be beneficial for you should you ever need to access crisis services in the future. You can fill this out alone or in conversation with someone else. This is simply a guide, it is YOUR crisis plan, use it however you would like. This “Crisis Plan with Instructions” may help you answer many of the questions.

Name:

Address:

Phone #:

Birthdate:

Gender: Female Male Transgendered

Emergency Contact: *Who would you like to have notified if you are having a hard time? Are there limits you would like set around this? For example, “I would like you to call my emergency contact if I can’t speak for myself, however, if you are able to converse with me, please ask my permission to contact this person. ~or~ only contact this person if my life is at risk.”*

Health Needs: *Are there things in regards to your health that you need to be mindful about? For instance if you have dietary arrangements, or allergies? Perhaps you have a c-pap breathing machine. These are things you should consider when you think about your needs when you are in crisis.*

Directions to Home: *This is helpful if you give your plan to a crisis team, peer organization, or others who may come to your home to support you.*

Service Providers: *Who are the “professionals” in your life? Are there some you want contacted when you are in crisis? Are there some you may need support around contacting?*

Pets: *If you have pets, what are the arrangements if you have to be away from home?*

Children: *If you have children living with you, what are the arrangements if you’re having a hard time or have to be away from home?*

Cultural Heritage/Spirituality: *Is there something about your culture you’d like to share? Is there something that would be important for someone who’s giving you support to know?*

Describe what crisis looks and feels like to you?	
What is different in times of crisis than in other times of your life?	
Crisis:	Other times in my life:

This question is an opportunity to look at what is different between a time of crisis and other times. You can also think of this in terms of a “good day” vs. a “bad day” For example – Most days I have to struggle a bit to get out of bed, but I’m able to do it – when I’m in crisis it feels like getting up isn’t even an option. If I’m having a really hard time, it can be helpful to have encouragement to get up, sometimes a gentle reminder of how good it feels to get up and move around, feel the sun on my face and have some breakfast can really get me going. Thinking about what is helpful on a regular day, may enlighten you about what could be helpful during a time of crisis.

When you've been in a crisis situation what kinds of support did you seek? What (people, places, services) things were the most helpful? Why?	
Support	What was helpful?

Make a list of ways you’ve sought help before. Then think about that support and what was the most helpful. Consider all of your experiences, for instance, there may have been places that you hated going to, but there was something about it that really worked for you. Example: “I didn’t like feeling confined in the hospital, but it was helpful to have people to talk to.” When you’ve made your list of what was helpful, it should help you think about what you want to put into place when you are having a difficult time.

What are the most difficult feelings for you to experience? Please check the <u>Most</u> difficult feelings or add any you don’t see listed here:				Think about what happens when these feelings get overwhelming. Consider the following: What does it feel like inside your body? What do you need when this happens? What can you do for yourself? What has been helpful before?
Happy	<input type="checkbox"/>	Boredom	<input type="checkbox"/>	
Joy	<input type="checkbox"/>	Loneliness	<input type="checkbox"/>	
Sad	<input type="checkbox"/>	Emptiness	<input type="checkbox"/>	
Grief	<input type="checkbox"/>		<input type="checkbox"/>	
Afraid	<input type="checkbox"/>		<input type="checkbox"/>	
Angry	<input type="checkbox"/>		<input type="checkbox"/>	
Rage	<input type="checkbox"/>		<input type="checkbox"/>	
Anxiety	<input type="checkbox"/>		<input type="checkbox"/>	
Overwhelmed	<input type="checkbox"/>		<input type="checkbox"/>	

This exercise is an opportunity to think about “feelings.” Often when we have strong feelings it can be a signal that we need to do something to “make the feelings go away.” However, what if you could turn that around, and think about a strong feeling as a signal to do something different? For instance, consider feeling overwhelmed. “When I’m overwhelmed I feel like giving up, so I need to call someone so I don’t hurt myself.” Is it possible to challenge yourself to “sit” with the overwhelming feelings and think what the feeling is “telling you?” Are there other feelings involved? How long could you tolerate that before you would need someone else to support you? How do you know when it is time to reach out for support? Write about that in the following box.

When do you decide to reach out for support? How do you identify when you need to do something different? Write about that.

Think about the people around you when you experience crisis. Are there behaviors or actions you take that might frighten other people? Please Describe.

How do you feel about these behaviors? What would you like the people around you to understand about this? How would you like them to react? What do you need to hear? Also identify what can make it worse, what you *don't* want people to do. What do you need to do personally? Write about that.

Sometimes when we're not doing very well we may say or do things that result in other people feeling uncomfortable or even scared. Be honest. Are there things you say, or behaviors you have that have this result? If so, think about what it is you really need when this happens. For instance," When I feel really pressured, I feel short-tempered, and I'll snap at people. I may stomp around, grumble to myself and appear pretty unfocused. I know that I'm feeling out of control, and I need to focus on one task and let others focus on everything else. Sometimes its helpful for a person to point out that I've snapped at them and ask what is going on for me. It is not helpful for someone to snap back at me, or to tell me to stop pacing. I don't need "directions at that point, I need assistance to identify what is happening for me"

Can you identify things that you're not likely to talk about when you're in crisis, or "code words" you may use?

For example, "When I'm having a hard time I use the word 'fine' a lot. When I say "I'm fine" I'm usually feeling really lousy and hopeless. I really need for people to push me a little and explain what that means.

Are there people in your life who are important to you? (Children, Partner, Friends, Relatives, Clergy, Staff) Think about who they are, and who you may want to be in touch with if you're experiencing crisis, or end up getting support other than in your home. List their information here.

Name	Relationship	Phone #

There are probably many people in your life who are important to you. In this list you may want to list only those you want to be in touch with when you're having a hard time. This can be useful if you stay somewhere other than your home. .You can use this list for people you are willing to have visit you.

Are there people from this list who you would want consulted if there was any question of "next steps" when you are in crisis. Name those people. Make sure their contact information is included in the list above.

--

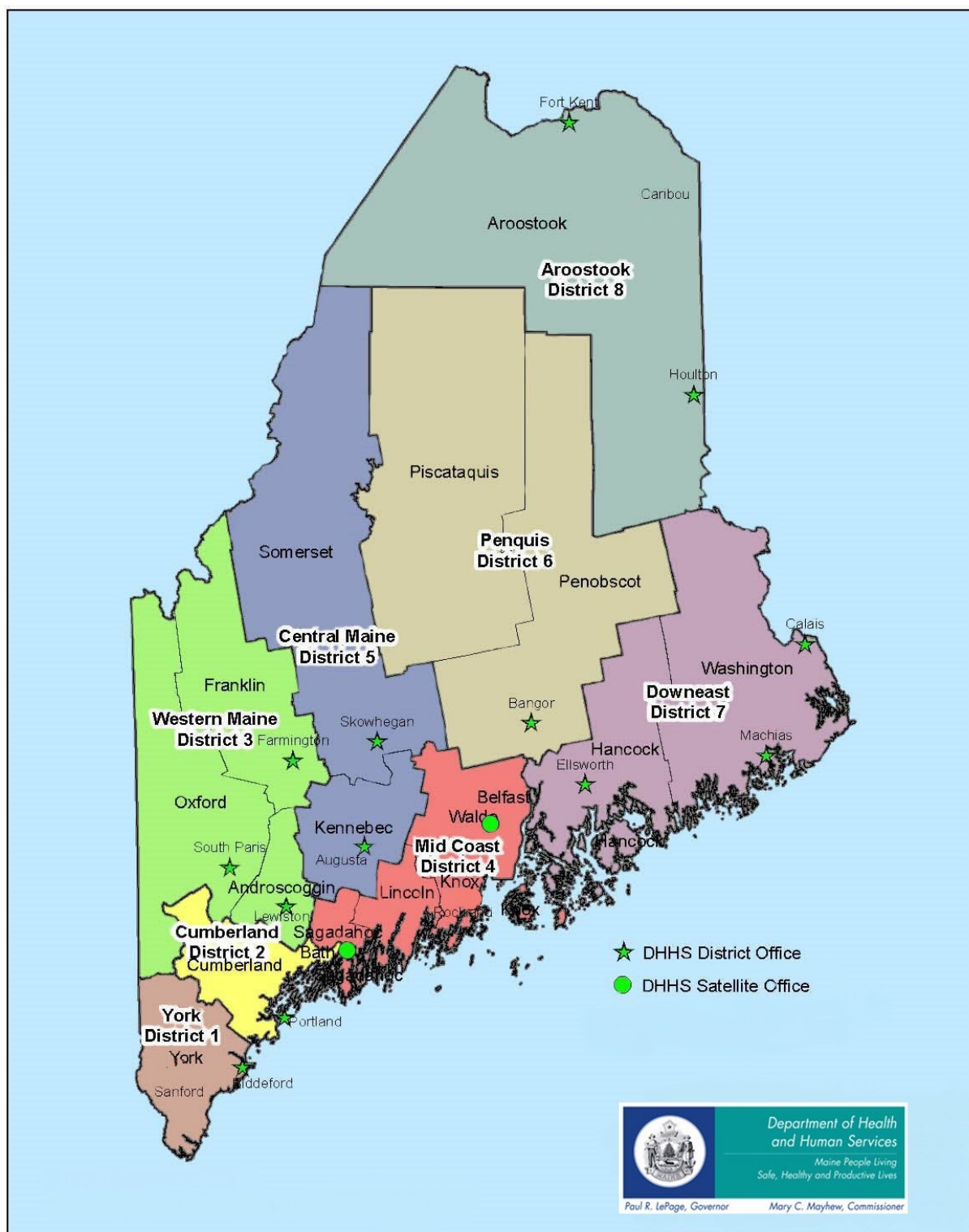
If there is any question about if we are "ok" to stay at home, or go to a friend's house rather than admission to a program, it can be helpful to have people who know us really well whose insight can be valuable If that is true for you, list them here. Make sure their contact information is accurate, it may difficult to remember accurate information if you're having a hard time. If you have this document with you when you're meeting with a crisis team or hospital staff you can point out that you'd like them to consult with people on your list.

Is there anything else you would like people to know or consider when you're "in crisis"? Is there anything else you need to remind yourself about when you're "in crisis"?

--

This final question is an opportunity to say anything that wasn't covered in the other questions. Remember this is YOUR crisis plan. You can write anything you want. Also remember – if you want people in your life to honor your requests when you're having a hard time, you may want to share this with them. However, it is your personal decision whether you share this or not.

Maine DHHS Districts and DHHS Office Locations



Appendix E

**State of Maine
Department of Health and Human Services
APPEAL DEPOSIT REFUND FORM
RFP# 201506114**

CRISIS MOBILE RESOLUTION AND STABILIZATION UNIT SERVICES

Instructions

Each Bidder is to provide an address below they wish to have the appeal deposit refund sent to. If this address is the same as either address provided on the Proposal Cover Page (Appendix A), Bidders are still required to complete this form and include it, along with the appeal deposit check, in a sealed envelope with their proposal.

Bidder's Organization Name:		
Attention to:		
Mailing Address (Street or P.O. Box):		
City:	State:	Zip Code: